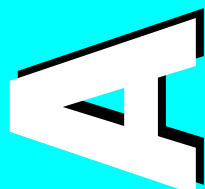
A large, white, stylized letter 'T' with a black outline, positioned vertically on a bright blue rectangular background.A large, white, stylized letter 'R' with a black outline, positioned vertically on a bright blue rectangular background.A large, white, stylized letter 'E' with a black outline, positioned vertically on a bright blue rectangular background.A large, white, stylized letter 'L' with a black outline, positioned vertically on a bright blue rectangular background.A large, white, stylized letter 'A' with a black outline, positioned vertically on a bright blue rectangular background.

## Attention: Medicaid Physicians, Pharmacies, FQHC, RHC, and Nursing Homes

**Effective March 1, 2004**, there will be **no “soft” edit phase** for drugs implemented into the Alabama Medicaid Agency Preferred Drug List (PDL). Alabama Medicaid has removed the soft edit phase for drugs being inducted into the PDL. To allow time for an appropriate shift to be made to a covered generic, brand-preferred, or OTC product, Medicaid will continue to send providers advance notice of the drug classes being implemented into the PDL.

**Effective March 1, 2004**, Medicaid will require prior authorization (PA) for payment of non-preferred brand **Antihyperlipidemics and ADHD drugs** along with non-preferred brand **Anxiolytics, Sedatives, and Hypnotics**. The PA request form can be found on the Alabama Medicaid website at [www.medicaid.state.al.us](http://www.medicaid.state.al.us), and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. According to regulations, requests may be called in, faxed or mailed to:

**Health Information Designs (HID)**  
**Medicaid Pharmacy Administrative Services**  
**P. O. Box 3210**  
**Auburn, AL 36832-3210**  
**Fax: 1-800-748-0116**  
**Phone: 1-800-748-0130**

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

January 30, 2004



P.O. Box 241685  
Montgomery AL 36124-1685